

Influenza Vaccine 2007

MAHP/Masspro Reimbursement Program

Adult Vaccine Administration Record

The doctor or clinic may use this form for the written documentation required for every dose of vaccine, or they may record it on your medical record. They will record what vaccine was given, when the vaccine was given, the address where the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the name and title of the person who gave the vaccine, and the document number.

Information about the person to receive vaccine (please print):

Name: (Last, First, MI)		Birth date:	Age:	Sex: M F
Street address:				
City:	State:	Zip:	Phone: ()	

If you have a membership card from one of these plans, write in the card number:

Medicare HMO Blue (Blue Cross Blue Shield of MA)	# XXC
Medicare PPO Blue (Blue Cross Blue Shield of MA)	# XXU
Fallon Senior Plan (Fallon Community Health Plan)	# 888
First Seniority Freedom (Harvard Pilgrim Health Care)	# 9 _ _ _ _ -- _ _ _ _ _ _ _ _ _ _ -- _ _
Senior Whole Health	# 1 _ _ _ _ _
Tufts Health Plan Medicare Preferred (Tufts Health Plan)	# S

Medicare Card Number	#
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I give permission to bill my insurance company.

(Signature of person to receive vaccine or that person's guardian)

X _____ Date _____

For Clinic/Office Use:

Vaccine name: _____ Date vaccine administered: _____
 Injection site: _____ Date VIS given: _____ Date on VIS: _____
 Vaccine manufacturer: _____ Vaccine lot number: _____
 Name and title of vaccine administrator: _____
 Clinic/office address: _____